DEPARTMENT OF ECOLOGY
State of Washington

EPA

Underground Storage Tank Tightness Testing Checklist

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601919790	Site ID Number: null
Site / Business Name	Pacific Environmental Services KTEA Gas Station
Site Address	11514 W HWY 2 Spokane
	Airway Heights, WA 99001
Telephone	509-244-4898
UST Owner/Operator	Pacific Environmental Services
Mailing Address	Po Box 2049
	Port Townsend, WA 98368-0000
Telephone	800-222-9219

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2. FIRM PERFORMING WORK

Service Company	Northwest Tank & Environmental Services, Inc.
Service Co Address	17407 59th Ave SE
	Snohomish, WA 98296
IFCI Certification Number: 5208982-U3	Certification Issue Date (Month/Year): 2015-04-18 00:00:00
Telephone	(800) 742-9620

I. TIGHTNESS TESTING METHOD

Date Of Test: 09/02/2015

1. Tightness testing method(s) used (indicate if more than one method was used):
Test method name/version/Manufacturer:
Interstitial
TRUCHEK (XERXES)

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a non volumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): USGS / DOE Well Logs

3. Method used for release detection:
Interstitial

4. Reason for conducting tightness test:
Required Release Detection Method

5. Type of test conducted:
Total System Test (Tanks, Lines, and Leak Detectors)

6. Test method type:
Hydrostatic

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form:

	Yes/No/NA	Initials
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g. detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm no more than 5%)	Yes	
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being setup.	Yes	
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	Yes	
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	Yes	
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology office.	N/A	

III. TANK INFORMATION CHECKLIST

1. Tank ID Number (tank name registered with Ecology)	1	2	3			
2. Date Installed	8/31/2015	8/31/2015	8/31/2015			
3. Tank capacity in gallons	25000	10000	15000			
4. Last substance stored	Regular	Premium	Diesel			
5. Number of tank compartments	1	2	2			
6. Tank type (S) Single Wall; (D) Double Wall; (P) Partitioned	DW	DW	DW			
7. Is overfill device present? (Yes/No)	HLA = High Level Alarm	HLA = High Level Alarm	HLA = High Level Alarm			
Tank ID associated to each tank	1	2	3			
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	.89	.79	.82			
9. The test method used can detect a leak of how many GPH?	.05	.05	.05	.05	.05	.05
10. The numerical tank test results are? (In gallons per hour)	0.00	0.00	0.00			
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are?	Pass	Pass	Pass			

IV. LINE AND LEAK DETECTOR INFORMATION

Tank ID associated to each line	1	1	2	3		
1. Piping Type: (S) Single Wall; (D) Double Wall	DW	DW	DW	DW		
2. Pump Type: (T) Turbine; (S) Suction	Pressure	Pressure	Pressure	Pressure		
3. (a) If turbine is leak detector present (Yes/No)	Yes	Yes	Yes	Yes		
If present, was lead seal intact (Yes/No)	N/A	N/A	N/A	N/A		
(b) If suction, check valve located at: (T)tank; (P)pump	N/A	N/A	N/A	N/A		
4. The numerical line test results are? (gallons per hour)	.00000	.00000	.00000	.00000		
5. Line tightness test results? (Pass/Fail)	Pass	Pass	Pass	Pass		

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

09/02/2015 Jeremy Short

Date **Signature of Certified Supervisor** **Printed Name**

Date **Signature of Tank Owner/Authorized Representative** **Printed Name**

Site Map

Customer Name: Pacific Environmental Services **Site Name:** KTEA Gas Station

Site Address: 11514 W HWY 2, Airway Heights
Job Number: 48945